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MICHIGAN DRUG ENDANGERED CHILDREN (DEC) MEDICAL PROTOCOL

This medical protocol is a guide for managing the health issues of children who are found at drug labs and/or homes. This protocol may be administered by medical, mental health, developmental and dental professionals after a child has been removed from a meth lab/home to assure the child's physical, emotional and developmental well-being.

Procedures are intended for law enforcement, child welfare, public health, emergency medical services, fire, social services and others who respond to help children found to be living in drug labs and/or homes. Due to the unique and harmful byproducts produced from cooking methamphetamine, this protocol is designed primarily for drug endangered children exposed to meth, but may also be applied to other controlled substances.

Drug Endangered Children (DEC) are children under age 18 found in homes: (a) with caregivers who are manufacturing controlled substances in/around the home, ("meth labs") or (b) where caregivers are dealing/using controlled substances and the children are exposed to the drug or drug residue ("meth homes" and/or "drug homes"). Given these circumstances, the protocol should be followed to ensure the safety, health and welfare of the child. See also related protocol, "Michigan DEC Response Protocol.

Pursuant to P.A. 266 of 2006, DHS shall have a medical evaluation made without a court order if the child is displaying symptoms suspected to be the result of exposure to or contact with methamphetamine production.

	Procedure Name	Timing
A	**PRELIMINARY MEDICAL ASSESSMENT** *For child(ren) with obvious critical injury or illness, bypass this assessment and transport immediately to a medical facility capable of pediatric emergency response.* The onsite assessment is done to determine whether children discovered at the scene are in need of Emergency Care (Procedure B - below). Medically trained personnel (e.g. EMT or paramedic) must do the assessment. If no medical personnel are available at the scene, the child must be taken to a medical facility for this assessment. In either case, a medical assessment should be done for child(ren) within 4 hours of discovering children at a meth home. 1. Perform medical assessment consisting of: • Vital signs (temperature, blood pressure, pulse, respirations) • Pediatric Triangle of Assessment (Airway, Breathing, Circulation) 2. Refer to procedure E of the Michigan DEC Response Protocol for information about removal of child's clothing, decontamination of child's skin, etc. If there are no obvious life threats and vital signs and initial assessment are within normal limits, the responsibility for the children should be passed to the Department of Human Services (DHS) Child Protective Services for short-term shelter or other secure placement. (See Michigan DEC Response Protocol Procedure H). 3. No clothing (other than what the children are wearing), toys, food or drink will be removed from the home as these items are likely contaminated. If essential items such as medications, eyeglasses, etc. must be removed, place in a sealed bag. Either a Tyvek® suit or the clothing contained in the DEC kits should be placed on the child or over the children's clothing.	Ideal: Immediate No later than: 4 hours after removal from meth lab/home
B	**EMERGENCY CARE** (For critical health problems only) The purpose of the Emergency Care evaluation is to address problems requiring care that cannot wait 4 hours to be treated as per Procedure C (Complete Evaluation and Care). Emergency care must be provided as soon as possible after significant health problems are identified in the child(ren). Emergency care must be provided by a emergency room physician or any other medical provider specializing in child abuse/neglect. If a preliminary medical assessment was not completed (Procedure A), this should be completed at the time emergency care is provided.	Immediately upon identification of any critical needs

	1. Perform the Preliminary Medical Assessment if it was not done at the scene (follow Procedure A above). 2. Administer tests and procedures as indicated by clinical findings. • A urine specimen for toxicology screening should be collected from each child. ***Child Protective Services (CPS) or law enforcement must identify to the Medical Provider collecting the specimen that this is a legal matter and chain of evidence procedures need to be followed*** and request that the screen be conducted at 50 nanograms or lower and that confirmatory tests results be reported at **any detectable level**. 3. Call the Poison Center if clinically indicated (1-800-222-1222). 4. Follow steps in Complete Evaluation (see Procedure C below) if appropriate to medical site and time permits or get assurance from DHS Child Protective Services that Complete Evaluation will be completed within 4 hours of child's removal from meth lab/home (or within 4 hours if urine has not been collected and urine screen was determined necessary by DHS and LEA). 5. Secure the release of the child's medical records to all involved agencies, including DHS, law enforcement and prosecutor, to ensure ongoing continuity of care. Examine the child and direct further evaluation based upon the clinical need. Additionally, DHS should evaluate and implement placement options.	
C	**COMPLETE EVALUATION AND CARE** A Complete Evaluation must be given by medical personnel within 4 hours of removing a child from a meth lab/home to ascertain a child's general health status. Prompt assessment is warranted due to the risk of toxicologic, neurologic, respiratory, dermatologic, or other adverse affects of methamphetamine lab chemicals and/or other drug exposure, and the high probability that the child has suffered from neglect/abuse. 1. Obtain child's medical history from DHS Child Protective Services. 2. Perform complete pediatric physical exam to include as much of the Early Periodic Screening, Detection, and Treatment (EPSDT) exam as possible. Pay particular attention to: a. Vital signs b. Neurologic screen c. Respiratory status d. Development e. Other signs of abuse and/or neglect 3. Call the Poison Center if clinically indicated (1-800-222-1222) 4. Perform **required** medical evaluations: a. Temperature (otic, rectal, or oral) b. Measure and record the height and weight of child. c. Oxygen saturation levels d. Urine for toxicology. ***CPS or Law Enforcement must identify to the Medical Provider collecting the specimen that this is a legal matter and chain of evidence procedures need to be followed***. Urine screens should be quantitative for level of meth (performed at 50 nanograms or lower with confirmatory results reported at **any detectable level**) and qualitative for drugs of abuse. The following are **optional** medical evaluations that should be considered: a. Liver function tests: AST, ALT, Total Bilirubin and Alkaline Phosphatase b. Kidney function tests: BUN and Creatinine c. Electrolytes: Sodium, Potassium Chloride, and Bicarbonate d. Complete Blood Count (CBC) e. Chest x-ray (AP and lateral) f. Urinalysis	Within 4 hours of removal from meth lab/home

	5. Perform **optional** clinical evaluations as appropriate given child's condition: a. Complete metabolic panel (Chem 20 or equivalent) b. Pulmonary function tests c. CPK d. Lead level (on whole blood) e. Coagulation studies f. Carboxyhemoglobin level 6. Healthcare officials must file a report of child abuse/neglect (DHS-3200) with the DHS. Note: Per CPL 722.626 Section 6, if release to the parents would endanger the child's health or welfare, the attending physician should contact the ***person in charge of the hospital***, who may detain the child in temporary protective custody for one day, or until the probate court can hear the case and make a determination. 7. Conduct a developmental screen. This is an initial age-appropriate screen, not a full-scale assessment; may need referral to a pediatric or occupational/physical/speech specialist (OT/PT/ST). Note: If the child is between the ages of zero and three, the developmental screen may be completed by "Early On" program personnel. The DHS Child Protective Services will make an "Early On" referral. Appropriate services should be arranged for any abnormal screening results. 8. Conduct a preliminary mental health assessment to detect any critical issues that need immediate attention. Refer for immediate mental health assessment or crisis intervention services if critical issues detected; otherwise, DHS Child Protective Services or healthcare providers may make a referral for a mental health assessment. 9. Conduct a preliminary dental screen to detect any critical issues that need immediate attention. Refer for immediate dental services if critical issues detected; otherwise refer child for a full dental exam to be completed within 30 days. 10. Secure the release of the child's medical records to all involved agencies, including DHS, law enforcement, and prosecutor, to ensure ongoing continuity of care. If DHS is onsite, ask Child Protection Services to complete a "release of medical information" form to facilitate this process. *Note: Child Protection Services personnel may not have immediate legal access to certain (historical) health care records. Every effort should be made to facilitate transfer of medical records, by providing information about where, when, and to whom records should be transferred.* 11. For any positive findings, follow-up with appropriate care as necessary. An appointment should be made at the time of discharge from the Emergency Room to primary care provider, preferably a pediatrician or family doctor the child already sees. If not already completed, placement options should be evaluated and implemented by DHS Child Protective Services.	
D	**30 DAY FOLLOW-UP EXAM AND CARE** A visit for Initial Follow-up Care occurs within 30 days of the Complete Evaluation (Procedure C) to reevaluate comprehensive health status of the child, identify any latent symptoms, and ensure appropriate and timely follow-up of services as the child's care plan and placement are established. If possible, the visit should be scheduled late in the 30-day time frame for more valid developmental and mental health results, and should include: 1. Follow-up of any abnormal baseline test results. 2. Repeat developmental screen (see Procedure C, Item 8). Communicate with the child's provider of developmental services if any abnormal results. 3. Conduct mental health history and evaluation (requires a qualified pediatric professional). 4. If abnormal findings on any of the above, schedule intervention and follow-up as appropriate to the findings; then proceed with Long-term Follow-up (Procedure E, below). 5. Based on the results of these follow-up exams, the adequacy of child's shelter/placement situation should be reviewed by the DHS Child Protective Services and modified as necessary. 6. Appropriate immunizations.	30 days from removal from meth lab/home

E	**SIX AND 12 MONTH FOLLOW-UP EXAM AND CARE** Long-term follow-up care is designed to 1) monitor physical, emotional, and developmental health, 2) identify possible late-developing problems related to the methamphetamine environment, and 3) provide appropriate intervention. Follow-up exams should be conducted according to the American Academy of Pediatrics recommended schedule. At minimum, a pediatric visit is required 6 and 12 months after the Complete Evaluation (Procedure C) was administered. This follow-up exam should include: a. Follow-up for previously identified problems. b. Perform comprehensive (EPSDT – See Procedure C, Item 2 and 8) physical exam. c. Repeat developmental screen (see Procedure C, Item 8). Communicate with the child's provider of developmental services if any abnormal results. d. Perform mental health evaluation (requires a qualified mental health professional, pediatrician, licensed therapist, child psychologist, or licensed child mental health professional). 1. Plan follow-up and treatment or adjust existing treatment for any medical problems identified. Medical records should continue to accompany the child's course of care. 2. Adequacy of child's shelter/placement situation should be reviewed by DHS Child Protective Services worker and modified as necessary. 3. Plan follow-up strategies for developmental, mental health or placement problems identified. 4. As needed, conduct home visits by pediatrically-trained PHN or other nurse, at 3, 9, 15, and 18 months post Complete Evaluation (Procedure C). Ensure that home visits occur between the pediatric clinic visits until the last visit at 18 months.	Six and 12 months from removal from meth lab/home